

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1. (a) Name of Individual, Organization or Corporation National Rifle Association Institute for Legislative Action		
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 11250 Waples Mill Road		
(c) City, State and ZIP Code Fairfax VA 22030		3. FEC Identification Number <div>C C90013301</div>
2. Occupation and Name of Employer (for Individual Filers Only)		

6. TOTAL CONTRIBUTIONS.....	0.00
7. TOTAL INDEPENDENT EXPENDITURES	15704.29

FEC Schedule 5 (REV. 09/2013)

SCHEDULE 5-E **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 2 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

National Rifle Association Institute for Legislative Action

Full Name (Last, First, Middle Initial) of Payee
Federal Capital Communications Corp.

Date of Public Distribution/Dissemination

10 / 16 / 2014

Mailing Address 950 F Street, NW, Suite 525

Amount

City State Zip Code
Washington DC 20004

500.00

Transaction ID : F57.5602

Purpose of Expenditure
Graphics for mail piece

Category/
Type 004

Office Sought: ☐ House State: NH
☒ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
JEANNE SHAHEEN

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought 117234.19

Disbursement For: ☐ Primary ☒ General
2014
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
Master Print

Date of Public Distribution/Dissemination

10 / 16 / 2014

Mailing Address 8401 Terminal Road

Amount

City State Zip Code
Newington VA 22122

1286.66

Transaction ID : F57.5603

Purpose of Expenditure
Printing of mail piece

Category/
Type 004

Office Sought: ☐ House State: NH
☒ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
JEANNE SHAHEEN

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought 116734.19

Disbursement For: ☐ Primary ☒ General
2014
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee
Prolist, Inc.

Date of Public Distribution/Dissemination

10 / 16 / 2014

Mailing Address 8341 Beechcraft Avenue

Amount

City State Zip Code
Gaithersburg MD 20879

12925.82

Transaction ID : F57.5604

Purpose of Expenditure
Postage for mail piece

Category/
Type 004

Office Sought: ☐ House State: NH
☒ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
JEANNE SHAHEEN

Check One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought 130160.01

Disbursement For: ☐ Primary ☒ General
2014
☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures.....▶ 14712.48

(b) **SUBTOTAL** of Unitemized Independent Expenditures▶

(c) **TOTAL** Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3 OF 3
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

National Rifle Association Institute for Legislative Action

Full Name (Last, First, Middle Initial) of Payee

Prolist, Inc.

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 16 / 2014

Mailing Address 8341 Beechcraft Avenue

Amount

991.81

City State Zip Code
Gaithersburg MD 20879

Transaction ID : F57.5605

Purpose of Expenditure
Production of mail pieceCategory/
Type 004

Office Sought: ☐ House State: NH
☒ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
JEANNE SHAHEENCheck One: ☐ Support ☒ Oppose

Calendar Year-To-Date Per Election
for Office Sought 131151.82

Disbursement For: ☐ Primary ☒ General
2014 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
Type

Office Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
Type

Office Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures.....▶ 991.81

(b) **SUBTOTAL** of Unitemized Independent Expenditures▶

(c) **TOTAL** Independent Expenditures.....▶ 15704.29
(carry total from last page forward to Line 7)